FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Infor	rmatior	1						3		pasio sara	O.IJ						
1. Name and Mailing Address of Respondent Clay County Rural Telephone Cooperative, Inc d/b/a Endeavor Communications PO Box 237 Cloverdale, IN 46120														Check here if this is a change of address.			
2. Year Report Filed 2018			3. Reporting Period (Ending Date of Pay Period Covered by Report) 5/12/2018						4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 7 16 or more (complete all sections)								
SECTION II - Full-Time Em	ployee	s.						D. 🗸 1	or more (com	plete all sec	tions)						
			Number of Employees (Report employees in only one category)														
			Race/Ethnicity														
			oanic or atino					Not-Hispanic or Latino								Total	
			auno	Male								Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		Α	В	С	D	Е	F	G	Н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			3						1	1					5	
First/Mid-Level Officials and Managers	1.2			5								3.1				5	
Professionals	2			4						3	17.54	14.3	4	2.2		7	
Technicians	3	. 1		6				1		1		E 51		3.6		8	
Sales Workers	4			1		12.1			- 611	7.1	-			-3 8		1	
Administrative Support Workers	5			4					3	15				3.3		19	
Craft Workers	6			13									8 8	83		13	
Operatives	7			5					1			31				5	
aborers and Helpers	8								5	53			7	8 2		0	
Service Workers	9												2	G (9.1		0	
TOTAL	10	1	0	41	0	0	0	0	0	20	1	0	0	0	0	63	
PREVIOUS YEAR TOTAL	11															0	

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Revised December 2007

SECTION III - Part-Time Emp	loye	Number of Employees														-
									loyees in only		y)					
Job									Race/Ethnicity	/						
Categories		Hispanic or Latino		Not-Hispanic or Latino												
	Laurio		Male							Female						
		Male	Female B	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian F	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N
		Α									J	К				
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2							-			(Care)					0
Professionals	2														1	0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5								.,							0
Craft Workers	6												Page 1			0
Operatives	7													7.7		0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Discri	mina	tion Comple	aints Pursuar	nt to 47 CFR	22.321.23.5	5 90 168 101	4 and 101	311		-						
					THE PROPERTY OF THE PARTY OF TH											
This is to advise the company before an	y boc	ly naving co	mpetent jurisd	liction in sucl	h matters duri	ng the calenda	r year cover	ed by this repo	ort.							
This is to advise the (Attach a list indicat	Con	nmission tha	at the following	complaints	alleging violat	ions of the pro	visions of an	y equal emplo	yment opportu	inity statute	have been file	d against this	company.			
SECTION V - Certification	mig p	artico irrory	cu, date med,	courts of ag	encies belore	which the mat	ter has been	neard, file nu	mber or other	designation	and current s	tatus or dispos	sition.			
certify that to the best of my known	owled	lge, informat	tion, and belie	f, all stateme	ents in this rep	ort are true and	d correct.				275					
			lame of Person				Signature /	·/ A		M	Λ	- I-	Telephone N	Jo		
	Eliz	zabeth Cheatham (765) 795-9204														
Fitle of Person Signing					WILLFULLY I	FALSE STATE	MENTS MA	DE ON THIS I	FORM ARE PI	JNISHABLE	BY FINE AND	D/OR IMPRISO	ONMENT (1	8 U.S.C. 1001) AND/OR RE	VOCATION
/P of People Service	ces				OF ANY STA	TION LICENSI	E OR CONS	TRUCTION P	ERMIT (47 U.	S.C. 312 (A)	(1) AND/OR F	ORFEITURE	(47 U.S.C.	503).		